

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003853

1. Entity Name

PREACH THE WORD EVANGELICAL CHURCH, INC.

Principal Place of Business

5337 PEMBROKE RD  
HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 3782  
SUNRISE FL 33083-378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0692714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OYEWALE, AMOS  
5992 NW 19TH STREET #1  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME OYEWALE, AMOS O  
STREET ADDRESS 5992 NW 14 STREET #1  
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE TD  
NAME ADEAGBO, FOLAKE  
STREET ADDRESS 8620 NW 21ST STREET  
CITY-ST-ZIP SUNRISE FL 33322 ☒ Delete

TITLE SD  
NAME OGUNDELE, MABEL  
STREET ADDRESS 6116 SW 20TH COURT  
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME SOLOMON IKUNIKO  
STREET ADDRESS 2319 ADAMS ST APT H-22  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MABEL OGUNDELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (954) 987-0939

Date Daytime Phone #

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90488 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)